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ORIGINAL DEPARTMENT.

Communications.

INSTRUMENTAL DIAGNOSIS.

By PHILIP S. WALES, M. D.,

Surgeon, U. S. Navy.

(Continued from page 472.)

Retinoscopy.

M. SERRE d'UZES introduced to the notice of surgeons a mode of subjective retinal exploration, which he designates as phosphonian retinoscopy. Its asserted advantage is that in those cases where, from organic changes in the transparent media, no ophthalmoscopic examination can be made, important information as to the condition of the retina may be obtained, by its employment; indeed, there are no combination of conditions which preclude its application.

The phosphenes, from *φῶς*, "light," and *παίρνειν*, "to show," are produced when the eye is pressed upon by the tip of the finger or the blunt point of a lead-pencil upon any part of the ocular globe. When this is done, a vivid flash of light is perceptible to the patient, which assumes various forms and positions, according to the shape of the compressing body, and to the place where the pressure is exercised.

M. SERRE describes two phosphenes as resulting from the globe of the eye being compressed; one, the larger and more brilliant, appears at the extremity of a line reaching from the point compressed, through the globe, in the axis of the crystalline lens; the other is smaller and less luminous, and is situated nearer the point of contact of the end of the pencil with the eye.

According to the position of the large phosphenes produced by pressure at the margin of the orbit, SERRE has named them *temporal*, *nasal*, *frontal*, and *jugal*; each being excited upon that side opposite

the seat of pressure. Thus, if the tip of the finger is put in contact with the globe at its nasal side, the temporal phosphene is produced; if at the frontal side, the jugal, and so on.

M. SERRE at first employed the tip of his finger for producing these luminous appearances, but further experience led him to prefer the rounded tip of a lead pencil, or the point of the same instrument armed with a little ball. In order to determine the appearance of the phosphene, the patient should be put in a dark room, or if there is light, he should be placed with his back to the window. The pencil is then pressed gently against the globe of the eye while the lids are relaxed, and the eyes half-opened. The patient, at the same time, should be directed to turn his eye in the direction of the phosphene that it is desired should be produced. The phosphenes will be rendered permanent by gentle friction, backward and forward, with the pencil for some time, although it will constantly shift its place during the whole time of the pressure.

The success of the experiment will be much facilitated by pressing the point of the pencil between the globe and the orbit, as far back as possible, so as to reach the deeper parts of the retina. The patient will involuntarily turn his eye in the direction of the luminous appearance, and thus permit the easy access of the pencil to deeper portions of the orbit.

The shape of the phosphene depends upon that of the compressing body, and occupies a position the reverse of it. Thus, when the tip of the finger is employed, instead of a luminous ring, a crescent shape will be presented, with the convexity looking toward the orbit. Pressure exercised from the deeper to the more superficial points, by the pencil armed with a little ball, will develop luminous images completely circular, which, as the pencil advances forward, will lose segments of their

circumferences until the crescentic forms are again displayed.

According to SERRE, there is but a very small portion of the posterior portion of the retina that cannot be reached by this means of exploration, and even this may be still effected to some extent by impressing upon the globe abrupt shocks with the instrument, which are conveyed to it, and responded to by the display of slight flashes.

The explanation given of the luminous crescents is that they result from the modification of function of that portion of the retina which is directly compressed, while the balance of this membrane remains unaffected. That this is so, M. SERRE proves by certain cases; for instance, in left hemiplegic paralysis, pressing upon the parietal margin of the globe, you will not have the phosphenes which should exist normally on the right side. Pressing upon the right lateral region, the phosphenes will appear on the left. Let the eye of the patient view two objects placed before him at a certain distance, the object placed on the right side will not be seen, the left portion of the retina, which should perceive it, no longer performing its functions. The left object will be seen by the healthy right portion.

He further says, that in the same manner that objective sensations are perceived inverted or erect, relatively to the impressions made by the compressing body. To impress the retina with the luminous image, or by their relief in the form of a simple stamp, is to cause a luminous perception fundamentally the same in the two cases. There is, then, perfect identity between subjective vision and objective vision, between all luminous perceptions, whatever their origin.

The ophthalmoscope must necessarily limit to a great degree the application of subjective retinoscopy in diseases of the eye, but in certain cases, it will be of some service. We must remark, however, that in no sort of investigation is the value of what is called *cumulative* evidence more striking than in the practice of medicine and no method of developing the true character of pathological changes, however slight the assistance it may render, should be omitted in our inquiries.

From the investigations of M. SERRE, it

would appear that as long as the retina is healthy, the phosphenes are easily produced; when it commences to be diseased, they are altered; but when its sensibility is completely abolished, it becomes impossible to provoke their operation, although, in some cases, the subject may still have a vague perception of light. Thus the absence of phosphenes becomes a pathognomonic sign of complete amaurosis. In some cases, it happens that complete aphosphenia exists, yet some degree of sight remains. Here we can be certain that amaurosis will soon be established.

When one or more phosphenes are wanting, it is a certain sign of the commencement of retinal diseases, even at the period when the iris still preserves all its mobility, and by this absence of phosphenes, the exact portion of the retina diseased may be discovered.

In the case of an incipient lesion of the whole of the retina, the order of the disappearance of the phosphenes almost invariably demonstrates the degree of the disease; they disappear in the following manner: the jugal, the frontal, the nasal, and lastly, the temporal, which persists the longest. In a small number of cases, where the vision remains good for a short time, the nasal phosphenes alone exist. We conclude from this fact, that the sensibility of the retina is only altered in its peripheral portion. The phosphenes reappear in an inverse order of their disappearance, the nasal first, the jugal last.

In amaurosis of one eye depending upon retinal disease, the phosphenes remaining intact in the other, we may confidently assure the person that he will retain the sight of the latter eye, but if, instead of the four phosphenes, the nasal only persists in the eye that still sees, he may on the other hand be advised to expect the total extinction of sight. For this condition indicates profound lesion of the nervous centres beyond the chiasma of the optic nerve.

It happens sometimes that the phosphenes persist when the sight is greatly enfeebled. We can suppose in this case that it is in the centre of the retina which the alteration has commenced. In other cases still of this kind, the difficulty will be found to be located in the function of accommodation or refraction.

There are some instances of the pathological applications of phosphonian retinascopy as demonstrated in the practice of SERRE, and will suffice to show the manner and direction in which explorations of this sort may be conducted.

Another more reliable mode of detecting alterations in the retina and limitation of the visual field than the one above described, consists in directing the patient to look at the surgeon's nose while the latter passes his hand in various directions to the right, to the left, above and below the eye under examination, until he has fully ascertained the limits of visual perception. After the test has been applied to one eye, the other may in its turn be subject to a similar examination.

Perhaps it will be conducive to greater accuracy, to select a lighted candle instead of the nose, as an object to which the eye should be directed. It is bright, and the patient is less apt to turn his eye when asked if he can see the second object that is moved in the directions above stated. The latter object may also be a lighted candle, and should be moved slowly and steadily onward, while both flames of the candle are kept within the visual field at the same time, changing the direction of the moving flame the very moment it is lost to sight.

A diagram representing the extent of retinal change may be prepared by fixing the eye to be examined upon a given point upon a blackboard or sheet of paper placed about twelve or fourteen inches in front of the patient's face, while the surgeon with chalk or pencil traces an outline, taking care that the eye shall be kept perfectly steady, and having both the entire object and pencil within view at the same time this is being done.

I have constructed a convenient and simple apparatus for ascertaining the limits of the visual field. It consists of a round board about 24 inches in diameter, painted black, with a central point formed of a small piece of bright glass. From this point, some twenty-five or thirty radii of fine wire, fastened at the periphery with metallic pins. Upon each of the wires a bright porcelain knob is made to slide easily. To the bottom of the board, an arm twelve or fourteen inches long, projects

horizontally forward, and bears at its extremity a chin rest. The board has its surface marked in circles of light colored lines, exactly an inch apart.

To use the instrument, the board is hung upon the wall at such a height, that the eye of the patient regards the bright central spot when his chin is in the rest at the end of the rod, which holds the head steady and immovable. The porcelain buttons are all at first slid toward the centre of the circle, and are within the view of the patient. Then the buttons are one at a time slowly moved outward until the eye sees them no longer, when they are permitted to rest. In this manner, an exact outline of the visual field can be obtained at once, and its dimensions, if required, read off at a glance.

CASE OF DOUBLE OVARIOTOMY.

By BENJAMIN B. WILSON, M. D.,

Professor of Surgery in the Woman's Medical College; one of the Consulting Physicians of the Woman's Hospital; one of the Attending Surgeons of the Howard Hospital; one of the Attending Physicians of the Jewish Hospital.

Sally W., aged 23 years, was admitted into the Woman's Hospital December 1st, 1867, suffering with ovarian disease of some four or five years' duration. She had been tapped in the month of July previous, and between three and four gallons of the peculiar chocolate fluid of ovarian dropsy evacuated, without entirely restoring the abdomen to its natural size, showing that the cyst was, in all probability, of the multilocular character. The sac almost immediately began to fill again, and in six weeks or two months she had regained the dimensions which she had before the tapping; since which time until her admission into the Hospital, the abdomen had been gradually increasing in size and becoming more and more tense, until existence became almost intolerable. As she was naturally of a slender figure, the size of the abdomen appeared enormous, the parietes being distended apparently to the utmost. The false ribs and their cartilages were pushed very much upward and outward, as well as the diaphragm, rendering respiration extremely difficult. So great was the tension and pressure upon the abdominal viscera, that the entire outline of the

liver (both right and left lobes) was distinctly and prominently marked upon the surface of the abdomen, and could easily be discovered across the room.

As she was otherwise in fair health, and desired the operation of extirpation after its risks had been fairly stated to her, it was, upon consultation, determined upon.

Accordingly, on the fourteenth of December, assisted by Drs. ANN PRESTON, EMLINE H. CLEVELAND, ISAAC COMLY, and CHARLES H. THOMAS, and in the presence of Drs. LEWIS C. RICE and MARY I. SCARLETT, and some of the advanced students of the Woman's College, I proceeded to the operation.

The ordinary incision from the umbilicus to the pelvis was made, the tumor exposed, and the contents of the larger cyst evacuated, bringing into view some omental and intestinal adhesions, which were carefully separated without the use of the knife. A few parietal adhesions offered more resistance, but were after some effort broken down with trifling hemorrhage. Several smaller cysts were then opened, and being emptied, the tumor was, though still of considerable size, turned out, and found to be attached to the right ovary. The clamp was applied necessarily to the edge of the tumor, on account of the shortness of the pedicle, and the mass separated. Upon examination the left ovary was found to be extremely diseased, being filled with cysts twenty or thirty in number, varying in size from that of a large marble to a small shot. The uterus being already slightly tilted to the left by the proximity of the clamp, and the broad ligament being short, the application of another clamp was quite impossible. A silken ligature was therefore applied, and brought out at the lower angle of the wound. It only remained to sponge out the abdominal cavity before bringing the parietes together, and this was carefully done. The smaller bowels occasioned no trouble. The parietes were tacked together with six interrupted silver-wire sutures inserted down to, but not including the peritoneum, and the interstices drawn together with adhesive plaster.

The anæsthetic had acted kindly, and before consciousness had entirely returned, a half-grain of sulphate of morphia was administered hypodermically, with the ef-

fect of almost immediately inducing a natural, though somewhat profound sleep, which continued, with little interruption, for eighteen or twenty hours.

At the end of sixty hours, considerable peritoneal and uterine inflammation was developed, as evinced by nausea, vomiting, and febrile reaction, accompanied by a frequent thready pulse. These symptoms happily abated after a time. The clamp was removed after the fourth day. The ligature separated from the left pedicle at the end of the fifth week. Some phlebitis occurred at this time, with swelling of the left thigh and leg, and in the left inguinal region, and a small abscess opened by the side of the pedicle, which had become cicatrized. The patient now rapidly improved in flesh and strength, and though in mid-winter, she was out riding before the close of the second month.

The condition of the left ovary was interesting, as showing the morbid action in its incipency; and how entirely it presented all the characteristics of the disease in its more advanced stages. The largest cyst, from one-half to three-fourths of an inch in diameter, was filled with a chocolate fluid, differing in no respect from that generally found in the disease, except perhaps that it was slightly more sanguineous. Of the other cysts, no two scarcely contained fluid of like character or density. In some it was serous, in others gelatinous, in others starchy or mucilaginous. In fact it seemed to be, what it undoubtedly was, a miniature representation of multilocular cystic ovarian disease. The proper stroma of the ovary appeared to be already absorbed. There was no appearance of ova or Graëfian vesicles. Nor did it seem possible that the disease could have originated in this case in a Graëfian vesicle, as has sometimes been conjectured to occur.

When last heard from, Sally was in excellent health, and quite as strong and vigorous as before attacked with her disease. She has grown, as expected, quite fleshy, and has regained in healthy tissue the weight lost by the operation. The tumor and contained fluids weighed forty-six pounds, and it is supposed that almost enough fluid was lost to make up fifty pounds—a considerable weight to lose and gain in so short a time. The loss and gain

have, however, both been accomplished so satisfactorily to herself as to leave no room for complaint. There has been no appearance of menstruation since the operation.

MAMMARY ABSCESS.

By H. P. AYRES, M. D.,
Of Fort Wayne, Indiana.

Generally there is but little difference in the character and process of suppuration in the mammary gland. The inflammation, hardening and softening or suppurating stages, running their courses with great similarity, seldom presenting any new phase of interest, the process only being delayed or hastened by attending circumstances.

The first case under consideration, is to me a departure from the ordinary process, not only in the manner of suppuration, but in the permanent loss of gland tissue.

Ordinarily, however extensive the suppurating surface, and, however great the loss of substance, there is a full reparation, and the gland becomes full and round, without any impairment of its usefulness. The present cases are perhaps extreme ones, but are in striking contrast in their relation to the resources of the economy to repair an injury.

The first was one of primipara. Patient aged twenty-two years, dark hair and eyes; thin, delicate, fair skin, cheerful and happy disposition. She was attacked with the usual symptomatic signs of mammary inflammation, loss of appetite, continuous fever, and great prostration. The inflammation was confined to the right breast, which was very hot, hard, and painful; preventing the patient making any change in her position. The general indisposition was attended with a troublesome cough, vomiting, wakefulness, and unusual anxiety. The pain was relieved with acet. morph.; the bowels opened with seidlitz powders; the heat and fever controlled with liquor amon. acet., ipecac., pulv. acaciæ. An ointment of ext. belladonnæ, ung. hyd. and pulv. camphoræ, was applied to the surface of the breast, and covered with a cataplasm of elm-bark, marsh mallows, and oil, in a word, all prompt measures were adopted to prevent suppuration, and when they failed, every effort was made to hurry it.

One-half of the entire gland remained hard, but became lobulated, perceptible not only to the touch, but to the sight. Four days after the application of the cataplasma, the skin broke, and one of the lobes was thrown out, rapidly followed by others until the mass was as large as a teacup, presenting much the appearance of a deeply lobulated cauliflower; the whole being closely united by the membranous tissues of the gland, much thickened, and connected to the subcutaneous portions of the breast as a peduncle. Finding the protruding lobes quite insensible, I clipped them off, and re-applied the poultice. The next day there was double the amount of the gland expelled, presenting the same appearance, and was as firm as the healthy gland. The only pain experienced in cutting the mass away, was, when separating some of the thickened membrane, but that was only slight. The orifice was two inches in diameter, with three or four fistulous openings near its edge.

The membranes, as I have remarked, were continuous through the wound, or opening, and deeply penetrated the gland. With forceps, the whole mass was found movable, and by gentle traction was drawn from the cavity, leaving only one-half of the breast. The result thus far showed a diseased action in the cellular tissue, while the glandular structure remained quite healthy. The amount of matter thus thrown out and cut off was not weighed, but would fill a twelve ounce cup. During the process of softening of the cellular tissues, but little pus was thrown out, but after the expulsion of the mass, the suppuration was tedious and very exhaustive, infinitely more so, than in ordinary suppuration of the mammary gland.

The loss thus occurring is a permanent one, leaving a permanent deformity in the gland. The nipple in drawing the edges and parieties of the cavity together, pointed to the arm, or was almost horizontal with body.

Case 2d. Patient attacked with rigors two weeks after confinement, the left mamma became highly inflamed and hard. The lady used the usual applications without any advice. The breast opened and discharged large quantities of pus. The suppuration continuing so long, and was so

weakening, medical assistance was called. The breast was only a pouch, suppuration had excavated the entire contents. A probe could be introduced several inches, and made to sweep the diameter and circumference of the gland. A bandage was suitably applied, bringing the parietes in conjunction, when in a much shorter time than in the first case, there was an entire restoration of the gland. In the former case there was a great loss of substance, leaving a permanent deformity; in the last case an equal, if not greater loss, with a full restoration of the roundness, and usefulness of the breast.

BROMIDE OF POTASSIUM AND ANTIMONY IN PUERPERAL CONVULSIONS.

By T. N. SIMMONS, M.D.,

Of Hagerstown, Md.

A short time since, Dr. WILLIAM RAGAN attended upon the accouchement of Mrs R., aged eighteen years, large sized and fleshy. The labor progressed with ordinary rapidity and severity, presenting nothing uncommon to the primipara, until the head had reached the inferior strait when unexpectedly she was thrown into a violent convulsion. This was soon followed by a second, third, fourth and fifth paroxysm, with an interval of twelve or fifteen minutes between each. By this time, the forceps were obtained, and the patient delivered of a moderate sized living child. It was hoped that this procedure would at once prevent a continuation of the convulsive paroxysms, but it failed so to do, or even to moderate their frequency or severity. During the interval between the eleventh and twelfth paroxysm, I arrived and found the patient under the restraint of two or more persons, such restraint being necessary to prevent injury from tossing about; but during the paroxysms, this restraint was unnecessary, as her decubitus was then upon the back, with the limbs extended, and every muscle of the body apparently in a state of vehement agitation. She was entirely unconscious, the respiration deep and labored, combining the apoplectic stertor. The cheeks flushed with a purple hue, pupils dilated, pulse one hundred and thirty; the tongue so severely contused that it protruded from

the mouth, and altogether the patient at this stage, presented the most formidable aspect that can be imagined.

We determined first upon the inhalation of chloroform, thinking it might prove the most speedy method of relief, and although it delayed the paroxysms somewhat, they nevertheless returned with greater intensity, and during the administration of the chloroform, the respiratory act became so slow and imperfect, that it induced a degree of asphyxiation, the face becoming more congested and livid, it was abandoned as unsafe.

The bromide of potassium was then given in combination with the tartrate of antimony, beginning with the dose of forty grains of the bromide to one-half of a grain of the antimony. In connection with one-half of a grain of the antimony, ten grains of the bromide was given every hour and a half, or two hours, until three grains of the antimony were taken.

The result of this treatment was very manifest and gratifying. After the first dose, there was a return of four paroxysms; the first occurred within an hour, the second in two hours, less five minutes; the third (as reported by the nurse) between three and four hours; the fourth in eight hours. Their intensity and duration also greatly diminished in the order of their recurrence.

After the last paroxysm, there was a tranquil repose of several hours, when consciousness suddenly returned, and as soon as the patient was able to speak, she expressed her ignorance of having endured the violent and dangerous ordeal, or of having given birth to her child. Her convalescence has been rapid, and the child improving upon the abundance of her lacteal secretions.

The object for which the antimony was administered in this case was to induce a state of muscular relaxation, in connection with the sedative effects of the bromide of potassium. This, and subsequent observations have caused me to believe that their coördinate effects upon the nervous centres renders their combination much more active in convulsive affections, than the bromide would be alone.

As it is generally known that a small quantity of morphia greatly increases the anodyne effect of the bromide, so also a

small quantity of antimony renders it a powerful anti-convulsive. In the treatment of delirium tremens, convulsive hysteria, etc., the antimony will be found greatly to enhance the powers of that great and invaluable nervous sedative, bromide of potassium.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
April 29th, 1868.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Staphyloraphy.

Robt. S., æt. 18, from Ohio. This patient came to Prof. Gross on account of cleft in the palate, congenital in character, as it generally is, involving simply the soft parts. He was operated on last Friday a week ago. The edges of the fissure were pared, making raw surfaces of them, precisely as in the operation for hare lip, and then the parts were approximated with five twisted sutures, retained by means of shot. There was then introduced between two of these sutures an ordinary interrupted suture. Perfect union has been obtained with the exception of a little point toward the apex of the cleft, so small as hardly to be visible. The resulting inflammation was not more than was expected and desired. The interrupted suture was removed at the end of the fifth day, the others at the end of the eighth. The edges of the surface were touched with a weak solution of nitrate of silver, ten grains to the ounce, and yesterday and to-day with the solid stick of nitrate of silver.

The little opening left seems to be perfectly round, and if still remaining can be readily closed by the introduction of another suture next October, as he is anxious now to go home.

The patient was fed abundantly after the operation, which is a matter of great importance. He is now taking exercise in the open air, and will probably go home next Friday. He has been able to swallow well ever since the operation. It will be a good while before there is much improvement in speech, which can only be effected by daily, constant instruction and practice in the pronunciation of the alphabet.

Necrosis of the Lower Jaw.

Jacob M., æt. 12. This patient, a stout, hale looking boy came under Prof. Gross' observation last summer. He had had a tooth extracted; during that operation the probability is that

the alveolar process was broken, leading to inflammation followed by necrosis of the right side of the lower jaw bone. The parts were scraped, some dead bone removed, and for awhile the case was progressing favorably. Afterwards an abscess formed, and the lad presented himself last week with two papillæ, nipple shaped processes, over the right ramus of the lower jaw.

Necrosis is a very common affection not only of the jaw bone, but of various portions of the skeleton. In the jaw bone it may be produced by violence or be the result of ordinary inflammation, or inflammation of a specific character, scrofulous or syphilitic. In this case it was produced by injury inflicted in the extraction of a tooth. The alveolar process was fractured, followed by its inflammation, death and removal of a portion; for some pieces of bone had been discharged before the patient applied for treatment. At the operation referred to, several pieces were also removed. The case was doing well for some time, but it was apparent the lad was not cured. Subsequently the inflammation extended to the ramus and posterior portion of the body of the bone, leading to necrosis, as is indicated by the nipple shaped processes present.

The boy was put under the influence of chloroform. The probe came in contact with a rough surface of bone. The two openings were connected with the knife, and a large piece of dead bone extracted. The two masses of semi-organized granulations were scraped away, which must always be done, for as long as they exist there can be no healthy action.

The part should be kept clean by syringing with tepid water, or water impregnated with permanganate of potassa, or chlorinated soda, making a detergent lotion.

This case illustrates the fact that the extraction of a tooth not well performed may be followed by prolonged suffering. It was upwards of a year ago that the extraction was effected.

Supernumerary Thumb.

Mary J. H., æt. 6 years. This child has one thumb too many on the right hand. How it was produced it is impossible to ascertain.

A case presented itself at the clinic in March, 1866, (*vide* Vol. XIV, p. 448,) with six fingers upon each hand, and seven toes upon each foot—a double big toe and five little ones. This was uncommon; most frequently the malformation exists in the situation in which it is found in this child.

The supernumerary thumb has two phalanges; consequently there is here a distinct joint.

Sometimes the supernumerary member is suspended by a thread of integument.

It will be necessary to effect exarticulation, excision or amputation at the joint, making two flaps, one corresponding with the posterior, the other with the palmar aspect, carrying the incision pretty well forward, so as to give an abundance of covering.

The operation was performed in the manner indicated, the flaps being brought together by a suture and two narrow adhesive strips. Union by the first intention will probably be obtained.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject—MENORRHAGIA.

Reported by J. W. P. BATES, M. D.

Dr. KINNEBON—To treat this disease properly, requires careful pathological investigation. There exists a great difference in women, in regard to the quantity of blood discharged. Some may discharge as much as ten or twenty ounces, and how can we tell whether this small or large quantity be natural or not. I am of the opinion that the discharge in menstruation is a fluid sui generis; I do not think that it is true blood. The symptoms of menorrhagia are varied. Sometimes there may be tenderness over the ovaries, etc. The only cases warranting the use of strong astringents are those of passive hemorrhage. The treatment must vary according to the character of the hemorrhage.

Dr. ARNOLD—I agree fully with Dr. KINNEBON in thinking we ought to acquaint ourselves with the pathological state of the disease under consideration. Some authors make three classes of menorrhagia. 1st. Where we have symptoms of exanthemata, or of a scorbutic taint; also, when it ensues after typhus or small-pox (in which cases it is generally fatal.) In these cases, the discharge is generally quite fluid. 2d. Those in which we find polypi, cauliflower excrescence, etc. In these cases, an examination per vaginam is necessary. Leucorrhœa may often ensue instead of menorrhagia. 3d. Those in which tumors may press upon the ascending vena cava, etc. In these three classes, we can place most of the cases of this disease. There is usually engorgement, congestion, etc., and it may often be caused by inanition. The treatment should be accommodated to the case, and not treat it as a disease so much as to try to find the cause, and remove it. Among the remedies recommended is FOWLER'S solution. I think very little of local applications. I often give tannin

in large doses, (gr. x. to xv. ter die.) I think it almost harmless, and so frequently double the dose. It often acts well.

Dr. EASTMAN—Anything that will produce hyperæmia in the pelvis may cause menorrhagia or leucorrhœa. When we find those troublesome little ulcers of the os, I think argent. nit. a capital application. Internally, I prefer gallic acid to tannin. I always use pounded ice for extreme cases, and would regret having resorted to the tampon. Cancer of the os may cause great hemorrhage. I generally use the acid nit. of mercury for occluding the papillæ in the neighborhood of the os.

Dr. WARREN—Tannic acid is converted into gallic when administered, but I think the gallic the better, for it is immediately absorbed into the blood. I use small doses of either of these. Menorrhagia may arise from two causes, directly opposite to each other, viz., a state of congestion or of debility. I think the character of the blood is different in different cases. In the inflammatory, it has more of the arterial character, and in the debilitated, more of the venous, therefore the treatment ought to be regulated accordingly. When we are not satisfied as to the cause, we should treat on general principles. In the local inflammatory cases, I prefer gallic acid, pounded ice, ice water into the vagina. In cases of debility, increase the tone of the system in the interval between the attacks. I think the menstrual evacuation is a combination of a hemorrhage and a secretion.

Dr. ERICH—My mind is called to another cause not yet mentioned, namely, infection of the womb. These discharges may be brought down to two classes, active and passive hemorrhages. The active may be satisfactorily treated by injections of perchloride of iron, by means of a syringe having a double tube so as to allow the injection to escape immediately after being brought in contact with the surface of the womb. The elastic air ball makes a very efficient tampon. In the passive form I often use ergot, if it will act, and have, in some instances, combined it with iron.

Dr. WARREN—I am constrained to believe that ergot does not act on an unimpregnated womb, and when it does act, I think it acts as a hæmostatic by influencing the middle coats of the arteries.

Dr. COX—The fluid in menorrhagia is certainly a very peculiar one, and is often different in different persons. In that form of menorrhagia, described as *atonic*, we should enjoin absolute rest, nourishing diet, and cold water per rectum,

not per vaginam, and regular doses of acid, sulph. aromat. I have often successfully used equal parts of ergot, and hyoscyamus. I have found the red oak bark a very good remedy. In plethoric cases, I treat as the symptoms present themselves.

Dr. EASTMAN—I would suggest turpentine internally, as having accomplished good in my hands.

Dr. ARNOLD—In those cases in which fright is a cause, or in abortions of the 1st, 2d, or 3d months, we should be careful to discriminate between this disease and the actual miscarriage.

Dr. WILLIAMS—I am one of those who differ from Professor WARREN in supposing that ergot does not act on the unimpregnated uterus. The uterus in menorrhagia of an active type is almost always contracted, and that is the reason ergot does not act upon it, but in the passive form your ergot will act, if it is ergot at all, and you may depend upon it. A relaxed uterus, which is the case in the passive form of menorrhagia, will invariably be influenced by ergot. My experience convinces me of this, and pathology will sustain it. In labor, the muscular fibre of the uterus is affected by ergot. I prefer the fluid extract as the best form of administration.

Dr. ARNOLD—I should define menorrhagia to be a flow from the womb more frequent and profuse than natural. The tendency in speaking on this subject is to confuse this disease with metrorrhagia. Pure cases of menorrhagia are very seldom met with. In this assertion I am sustained by BENNET. In 150 cases of hemorrhage from the womb collected by him, 60 were general hemorrhage, 30 were leucorrhœa and mixed cases, and only 3 were pure menorrhagia. I think moral causes are greater in number than any other. Polypus, cauliflower, and cancer, may each cause hemorrhage from the womb, but not necessarily menorrhagia. I think ergot may have a very great specific influence on the unimpregnated womb, especially when it is in a relaxed condition. In the treatment check the flow, which you can generally do with ergot, and, if necessary, any mechanical means that you may wish, tone up the system in the interval. We hear a great deal about ergotism, as "chilliness, formication, gangrenous erysipelas, giddiness, and convulsions." Nursing women nearly always escape this. Even if it does sometimes produce these unpleasant effects, we are still justified in using it, although we may not understand the mode of its action. In cases dependent upon moral causes, I find but

little medicine is needed, and by removing the cause, nature generally does the work.

Dr. UHLER—I am unwilling, even in the cases produced by moral causes, to leave all the cure to nature. I had a case (set. 18), who took all the astringents I could give her, without benefit. I found that she had a beau who was in the habit of exciting her animal passions. I concluded to treat the menorrhagia by indirect means, and so have her bromide of potassium, (gr. xv. to xx. ter die,) which had the desired effect.

Dr. KINNEMON—I regard menorrhagia as entirely separate and distinct from menstruation, or any womb disease. I differ from some of the members, and think that the monthly discharge is *not* blood, and that when coagulation takes place it may be considered as indicating menorrhagia.

Dr. WILLIAMS—The effect of ergot upon the impregnated and unimpregnated womb has been commented on. I hold that it acts on *both*. Good ergot will act on the womb when the womb is prepared for it, but the unimpregnated uterus must be in a relaxed condition. In chlorotic girls affected with this disease, I am confident that it acts like a charm. I seldom give ergot in an inflammatory condition of the womb, but when a woman suffers with menorrhagia as a disease and not as a symptom, we may use it with benefit. In regard to the character of the discharge, I think that it is blood, that is the sanguineous part is, and we may very easily be deceived, for it is very difficult to see it in an unmixed state.

Dr. WARREN—I still hold to the opinion that it is *sui generis*, and composed of blood and a secretion. I am also convinced that ergot has but little effect on the unimpregnated womb, for in ordinary cases it acts promptly, perhaps by stimulation, but, as I think, as a powerful hæmostatic, which is its principal action in hemorrhage from the womb.

Dr. WILLIAMS—Is Prof. WARREN's last assertion founded on theory or practice, and does it arrest all hemorrhages?

Dr. WARREN—I cannot say that it is a universal astringent; it often induces other results too. I think it acts more as a hæmostatic than as an astringent. It acts probably on the vasa motor nerves, and thus cuts off the supply of blood by producing contraction of the middle coats of the arteries. I am strongly of the opinion that the blood-vessels of a womb at term are far different from those of an unimpregnated one. The supply will be different in amount, and the nerve

centres must be in a condition capable of receiving the influence of ergot. When we consider the differences between the two conditions, we can somewhat understand why it should act in one case and not in the other.

Dr. JONES—I think that members have digressed from menorrhagia to the subject of the action of ergot. I regard menorrhagia as a disease characterized by a profuse and generally prolonged hemorrhage from the womb, and is mostly caused by congestion. Accidental menorrhagia generally occurs among girls, but requires no treatment. It sometimes occurs during pregnancy, and may then often be attributed to ulcer in utero. There is very little needed in the treatment, unless we find the constitution suffering, then aromat. sulph. acid has a very satisfactory effect. I agree with Dr. WILLIAMS in regard to the use and action of ergot. Local injections may be of service, but the internal treatment does the most lasting good. Iron, strychnia, and a generous diet, will be found to accomplish much for the patient. In cases complicated by ulceration I use argent. nit. locally, and generally potass. iod. internally.

ANNUAL MEETING OF THE CONNECTICUT RIVER VALLEY MEDICAL ASSOCIATION.

The Annual Meeting of the Connecticut River Valley Medical Association was held at Bellows Falls Vermont, on Wednesday and Thursday, the 6th and 7th inst., agreeably to a vote at the last annual meeting, to hold the meeting two days this year.

On Wednesday, at 10, A. M., the President, Professor DIXIE CROSBY, being absent, Dr. B. G. Harrington, of Chester, Vermont, was called to the chair.

The report of the Secretary was read and adopted.

The report of the Treasurer showed all expenses paid, and a surplus of \$34.90. Little business was done in the forenoon.

On motion, a Nominating Committee was appointed, and in the afternoon submitted their report, and the following officers were elected:

Dr. H. D. HOLTON, Brattleboro, Vermont, President.

Dr. GEORGE P. TWITCHELL KEENE, New Hampshire, Vice-President.

Dr. F. WHITMAN, Bellows Falls, Vermont, Recording Secretary.

Dr. A. B. CROSBY HANOVER, N. H., Corresponding Secretary.

Dr. SAMUEL NICHOLS, Bellows Falls, Vermont, Treasurer.

Drs. H. B. PORTER, and L. SAWYER, Auditors.
Dr. Samuel Webber, D. R. Story, and B. G. Harrington, Committee on Credentials.

Delegates to the American Medical Association—
Drs. Samuel G. Jarvis, W. B. Porter, B. G. Harrington, J. Kitteridge, N. G. Brooks, M. R. Story, and A. B. Crosby.

To New Hampshire Medical Society, Drs. E. A. Knight, and H. H. Palmer.

To Vermont Medical Society, Drs. A. P. Richardson, and G. W. Hunt.

To Maine Medical Society, Drs. Samuel Webber, and Samuel Nichols.

To Massachusetts Medical Society, Drs. F. Whitman, and S. T. Smith.

To Rhode Island Medical Society, Drs. E. H. Pettengill, and L. G. Graves.

To Connecticut Medical Society, Drs. S. M. Cummings, and M. E. Edwards.

To New York Medical Society, Drs. George B. Twitchell, and John Crowley.

Professor Dixie Crosby, the retiring President, followed with his annual address. His subject was pelvic and abdominal abscesses. The address was a well written and interesting one, and Goldsmith, O. H. Bradley, B. F. Ketchum, D. commanded the most respectful attention of all present. At its conclusion, a vote of thanks was tendered to the professor.

During the session, the following gentlemen presented voluntary papers:

Dr. Samuel J. Webber, on Neuralgia.

Dr. H. G. McIntire, on Uterine Inflammation in insane women.

Drs. W. B. Porter, on several interesting cases of obstetrics, and one of ovarian tumor.

Dr. Thomas Goodwillie, of Vernon, Vermont, exhibited and explained a new and improved instrument for administering anæsthetics, with statement of cases showing the result of its use.

Dr. S. T. Smith of Alstead, New Hampshire; S. W. Scott, of Fayetteville, Vermont; Calvin Spencer, East Clarendon, Vermont; Jacob H. Putnam, Ludlow, Vt. and Orlando W. Sherwin, Reading, Vermont, were elected new members of the Association.

On motion, voted that hereafter no one shall be eligible to office in this Association who is not present at the election.

On motion, voted to hold the July meeting at Bellows Falls, Vermont, and the October meeting at Brattleboro, Vermont.

On motion, voted to hold the next annual meeting two days, and that all meetings held at Bel-

lows Falls, be called at 2, P. M., the better to accommodate those residing in different parts of the valley.

On motion, voted to have a public dinner at the next annual meeting.

Throughout the entire session, there was pretty general and free discussion of various Medical topics, and the meeting finally adjourned on Thursday, at 2 P. M., after a two days session of unusual interest and profit.

EDITORIAL DEPARTMENT.

Periscope.

Physometra.

The following well-marked case of physometra is reported by THOS. KENNARD, M. D., of Saint Louis, in the *Humboldt Medical Archives*.

On the 6th of July, 1864, I was called to see Mrs. B.—, who had been attended a few days previously in a case of abortion, at or near the sixth month of pregnancy, by a midwife, who, after the fœtus was extruded, had left her without accomplishing the delivery of the placenta, although in her efforts to do so she had employed sufficient traction to sever the umbilical cord and tear away a portion of the placenta. She had been flooding from the time of her mishap, and was so much exhausted by the loss of blood that the least exertion would induce fainting spells. After ascertaining the history of the case, and discovering that the womb was still considerably enlarged, I passed my hand slowly into the vagina and introduced two fingers into the womb, where I detected a large portion of the after-birth firmly adhering to the uterus, and after much trouble and perseverance succeeded in detaching and removing piecemeal, as I supposed, the whole mass. The patient suffered very considerably during the operation, and became completely exhausted by the hemorrhage, which continued all the while. I had given her brandy and laudanum before undertaking the removal of the placenta, and was now obliged to repeat it. I then applied a bandage firmly over the abdomen; ordered absolute rest in the recumbent position; and drachm doses of the fluid extract of ergot in sweetened water, every two hours. On returning to see my patient some six hours afterwards, I was glad to learn that no more flooding of importance had occurred, and that she had rallied very considerably. She continued, however, excessively prostrated, and I regarded her condition as

very precarious and critical for a few days, until she began to gain strength and improve.

On the 12th, I noticed that the abdomen was quite distended, and the pulse so much quickened that I feared puerperal peritonitis. The next day, however, (seven days from the time she had been placed under my care,) the size of the abdomen had increased so much that I made a thorough examination of it, and at once detected that the enlargement was the womb itself, as the tumor occupied the middle line of the abdomen was ovoidal in shape, well defined and easily moved by pressing upon it per vaginam. Percussion proved that the tumor was remarkably resonant, and non-fluctuating; and upon grasping it, it would recede from the hand, and felt elastic. On passing my finger through the mouth of the womb, (which was plugged by a coagulum of blood,) there was a discharge of fœtid and very offensive gas, and on withdrawing my finger and making pressure on the tumor, quite a free discharge of this took place, with notable diminution in the size of the womb. Re-introducing my finger, I removed several putrid clots, and also a small portion of the placenta in a decomposed condition. I then applied a roller bandage, gave ergot, and ordered injections of diluted chlorinated solution of soda. The womb did not enlarge again, and my patient, under the use of tonics and stimulants, soon recovered her usual health, and has continued well almost ever since, but has not become pregnant again.

This was a characteristic case of uterine tympanitis, and evidently produced by the decomposition of portions of the retained placenta and clots of blood.

Examining Flour by means of Chloroform.

M. RAKOWITSCH proposes a method of examining flour by means of chloroform. The following are the results which he says may be gathered from an experiment capable of being made in a few minutes: The amounts of bran, the moisture between 10 and 25 per cent., the damaged flour, the mineral matters, the ergot of rye, and other impurities. The whole of these are determined by the relative specific gravities of the different substances in chloroform. The flour is simply placed in a tube and mixed with chloroform; the chloroform is enabled to hold, in very thorough suspension, the pure flour, while the other materials are not thus suspended. By adding spirits of wine of 95°, the flour is precipitated to the bottom of the tube. The more humid the flour, the more spirit of wine must be added, and thus the amount of humidity in the flour is arrived at.

Reviews and Book Notices.

NOTES ON BOOKS.

The first number of the "*American Journal of Obstetrics, and Diseases of Women and Children*," has appeared from the press of MOORHEAD, BOND & Co., New York. Its editors are Drs. E. NOEGGERATH, late Professor of Obstetrics and Diseases of Women and Children in the New York Medical College, and B. F. DAWSON, Lecturer on Uterine Pathology in the Medical Department of the University of New York. It is a quarterly of 96 pages, and costs \$3.00 a year. The original articles in the first number are, "The History of Eight Cases of Placenta Prævia," by Dr. T. GAILLARD THOMAS; "On the Pathology and Treatment of the Different Forms of Croup," by Dr. A. JACOBI; "The Rectum and its Relations to Uterine Disease," by Prof. H. R. STORER; and a "Case of Diabetes in an Infant," by Dr. JAMES L. BROWN. They are all sound and useful pieces. The *Journal* is well printed, and deserves to succeed, as doubtless it will.

The "*Canada Journal of Dental Science*," is a monthly published at Montreal, by Mr. W. G. BEERS, and Dr. J. S. SCOTT. It is designed to afford a suitable medium of communication between dentists and physicians. Price, \$3 00 a year, in advance.

The *Richmond Medical Journal* has been removed to Louisville, where it will continue under the same editorial supervision, and appear as the "*Richmond and Louisville Medical Journal*." We hope it will be properly supported, as under the efficient management of its present editor, it has been and is one of our very best exchanges.

Messrs. LINDSAY & BLAKISTON, of this city, (25 South Sixth street,) having made arrangements with the Hon. Local Secretary, RICHARD J. DUNGLISON, M.D., by and with the approval of the Society's Agent in London, to act as Agents in the United States for the publications of *The New Sydenham Society*, announce that they are now prepared to receive subscriptions for the year 1868, at *Ten Dollars*, payable in currency, and invariably in advance, and to furnish any of the previous years at the same rate, and on the same terms.

The practical character and permanent value of these publications, and the very low price at which they are furnished, commend them to the favorable attention of the medical profession in the United States.

Subscribers at a distance can have the volumes as they appear forwarded to them by mail, upon remitting, in addition to the subscription, 50 cents per volume for the postage, which must be paid in advance, by express, at their expense, or in any other way they may direct.

Reports of the *Society*, containing full titles, etc., of the works published, will be furnished free upon application.

Dr. WM. WARREN GREENE, Professor of Surgery in the Medical School of Maine, has republished from the *Boston Medical and Surgical Journal*, some interesting cases of ovariectomy, with remarks upon the operation. His suggestions are very judicious, and merit careful study.

Man: Where, Whence, and Whither? Being a Glance at Man in his Natural History Relations. By DAVID PAGE, LL.D., F.R.S.E., F.G.S., etc. New York: MOORHEAD, SIMPSON & BOND. 1868. 1 vol. 12mo. cloth. pp. xiv. 197.

This little volume is the expansion of two lectures delivered in Edinburgh in 1866. The author tells us that he would not have published them, but for the "misrepresentation, either ignorant or intentional," which was made of their contents by certain parties. We regret that he felt constrained to do so, for really the prevailing ignorance on anthropology is great enough already, without having a lot of effete views and hasty generalizations put before the public as the latest and soundest achievements of science.

It is positively amusing to see how our author breaks his theological lance in defense of the "latest views," and lays before his audience his startling novelties; quoting BLUMENBACH, and SQUIER, and LINNÆUS and that fatal "Essay on the Human Understanding," of LOCKE, which the English still persist in thinking is the last word in metaphysics, and all the while remains in total and cheerful ignorance of WAITZ, STEINTHAL, LAZARUS, DE QUATREFAGES and their disciples, who in this last fifteen years have given an entirely new and a worthy shape to anthropology.

Dr. PAGE thinks man a development from the lower animals; that he is mainly the creature of his geographical surroundings; that an essential difference exists between the races of men; that one race supplants and destroys another; that his antiquity on earth is far greater than heretofore supposed; and that he is ever ascending in the scale of existence. Now there is no one of these views that has been shown to be false or impossible; and yet not one of them has science put beyond doubt. The arguments he advances in their support are frequently most superficial.

Who, for instance, at all acquainted with what *language* is, would apply that term to the "various calls of mammals and birds?" (p. 55.) Or assert that the least complex and least perfect languages are found among the rudest nations? Or that from the monosyllabic tongues all others proceeded? What intelligent ethnologist now repeats the exploded assertion that any tribe of men exists without a religion? (p. 78.)

In short Dr. PAGE's book is superficial and weak; the views it contains are exaggerated and unproven; and it is in reality far behind the actual march of anthropological science, while professing to be in the very front rank of the vanguard.

The book is published with that taste and neatness which mark all the issues of Messrs. MOOREHEAD, SIMPSON & BOND, printed on tinted paper with bevelled cloth binding.

Therapeutics and Materia Medica. A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania, etc. Third edition, revised and enlarged. In two volumes. Philadelphia: H. C. LEA. 1868. Pp. 824, 864, sheep. Price, cloth, \$10.00; sheep, \$12.00.

This admirable Treatise of the distinguished Professor of Practice in the University of Pennsylvania, is so widely and favorably known to the profession, that we need but point out the improvements which have been made in the present edition. Several subjects are introduced and treated of for the first time. They are chromic acid, permanganate of potassa, the sulphites of soda, etc., carbolic acid, nitrous oxide, rhigolene, and the Calabar bean. Some articles have been re-written, especially those on bromide and electricity. Besides this, much new matter has been added under the more important titles, making in all about one hundred pages.

The industry and thorough scholarship of the author is conspicuous on every page, and we may well consider his production as honorable to the profession of our land. We are very glad to see a full and complete Index of Therapeutics, for the want of which the U. S. Dispensatory and Wood's Therapeutics lose about a third of their value to the working doctor. There is in fact no work on the topics which we can more conscientiously recommend, than this one of Dr. STILLÉ.

Materia Medica, for the use of Students. By JOHN B. BIDDLE, M.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. Third edition enlarged, with illustrations. Philadelphia: LINDSAY & BLAKISTON, 1868. 1 vol., 8vo., cloth, pp. xvi., 384. Price \$4.00.

The author has looked for his readers among medical students, rather than practitioners, in compiling this work. It is an outline to be filled up by oral instruction. As such it will be found of use in our present system of medical education where the maxim is *hauri multum sed multa*, but it and all synopses, hand-books, and compends of science would be thrown aside, were a really earnest and thorough training given in our colleges.

It has invariably been observed in literary history that when these abbreviations are popular, superficiality and false methods of instruction are in vogue. Look at the later Latin literature of the post-classical period, and we find nothing but these attempts to give an outward varnish of learning with little labor.

They must necessarily give very imperfect descriptions, and are therefore dangerous. We look on their multiplication as a necessity to our existing schools, but one which is deeply to be regretted, and indicative of a condition of things ominous to the welfare of the public.

Of the kind, Dr. BIDDLE's *Materia Medica* is a favorable specimen, prepared with care. This third edition embraces a number of new remedies—the calabar bean, carbolic acid, iodoform, the sulphites, etc., and treats of the hypodermic method and the atomization of fluid. Some new illustrations have been added, and the paper and print are good.

A Sensible Legislature.

The Legislature of Wisconsin is said to have passed a liberal law legalizing dissection, and also to prevent quacks from giving testimony in court on medical matters, and from collecting fees. We commend this to the consideration of the *solons* of the Michigan Legislature.—*Medical News and Library.*

Death of M. Serres.

The Academy of Sciences has suffered a severe loss in the death of M. SERRES, whose works on comparative anatomy and embryology are most valuable. Though eighty years of age, he still continued delivering lectures on anatomy at the Museum of Natural History. M. SERRES left a legacy of 60,000 francs to the Academy, and another of 75,000 to the Museum.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 6, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Medical Society of the State of Pennsylvania will hold its nineteenth annual session at Harrisburg, on Wednesday, June 10th, at 4 P. M.

The place of meeting being central, and of easy access, a full attendance is anticipated.

The Reading railway will pass delegates from Philadelphia to Harrisburg and return for \$3.75, and from intermediate stations for an addition of one-third to the single fare.

The Pennsylvania Central and Lehigh Valley Railways will give delegates return fares free on certificate of the Secretary.

DANGERS FROM ANTHRACITE COAL.

There has long been a popular opinion that the use of hard coal affected injuriously the health, and it is every way likely that the opinion is founded in fact. The question has lately been investigated by Dr. DERBY of Boston, whose remarks have been confirmed by Dr. SNOW of Providence. The cause of this unhealthiness has never been clearly understood. Some have supposed that it arose from the consumption of the oxygen in the atmosphere by the hot iron; others that the increased dryness of the air was the objectionable feature. Dr. DERBY, however, thinks that the presence of small amounts of that active blood-poison, *carbonic oxide gas* (mingled no doubt with carbonic acid gas, and its poisonous quality thus increased,) is the chief

and probably the only cause of the unpleasant sensations and the injurious influences so commonly associated with the combustion of anthracite coal.

As it is altogether too much to ask us to give up using hard coal because it hurts us—as well ask us to renounce tobacco or late suppers—we inquire with some interest what remedies are proposed. They are to the effect that we should never allow our iron fire-pots to attain that degree of heat which permits the passage of gases through their substance; that we should have perfect castings, and as few joints as possible in our stoves and furnaces, and these should be horizontal and never vertical joints; that we should never check the free ingress of fresh air, and the perfectly free egress of the products of combustion by dampers, valves, or similar contrivances of any sort; and finally, that we should so burn coal that under all possible circumstances a pressure of air from without inward, may be exerted upon the fire-pot, furnace, and smoke pipes.

This is very well, as far as it goes, though it does not reach a great way, as certainly in all first class stoves and furnaces, these cautions have long been observed. We believe that maintaining a too high temperature has after all very much to do with the troubles which arise from burning coal.

Whatever the cause is, the effects upon the health are real. Dr. SNOW remarks that his own observation has led him, for some time, to fear that the gases from hard coal were seriously injurious to the public health.

He has observed that many persons are seriously troubled with vertigo and derangement of the nervous system in the winter season, who are free from it in the summer; and that some persons are affected in this way while living in the city, who are free from it in the country. He thinks it will also be found that the great increase in the prevalence of neuralgia in this country is almost coincident with the introduction of anthracite as a fuel for warming dwelling houses; that women are most subject to this disease, being, as a class, more exposed to the gases from the coal; and that the disease is mostly confined to those portions of the

country where hard coal is used. He has also known serious results in some of the public schools in Providence, which were evidently caused by the escape of coal gases, from imperfect, or badly managed furnaces.

The topic is one that merits general attention.

Notes and Comments.

Election of Dr. J. Aitken Meigs.

We are pleased to announce the election of Dr. J. AITKEN MEIGS to the Chair of Professor of the Institutes of Medicine in Jefferson Medical College in this city. It is one of those appointments based on real and widely acknowledged merit, and thorough mastery of the subject, which must redound greatly to the usefulness of the Jefferson College as an institution of medical learning. Without in the least questioning the deserts of the other candidates, we think that all must acknowledge that the Trustees have made a most judicious choice for the position so long and ably filled by the venerable and learned Dr. ROBLEY DUNGLISON, whose resignation we lately mentioned.

Heart Disease.

The following "pome" we clip from the *Glasgow Medical Journal* of February, wherein it is yelegt "a case of disease of the heart." As such cases are said by Mr. TENNYSON—good authority on such points—to be almost epidemic in the spring of the year, we deem it wise to insert it.

I list, as thy heart and ascending aorta
Their volumes of valvular harmony pour,
And my soul, from that muscular music, has caught a
New life, 'mid its dry anatomical lore.

Oh! rare is the sound when thy ventricles throb,
In a systolic symphony, measured and slow,
While the auricles answer with rythmical sob,
As they murmur a melody wondrously low.

Oh! thy cornea, love, has the radiant light
Of the sparkle that laughs in the icicle's sheen,
And thy crystalline lens, like a diamond bright,
Through the quivering frame of thine iris is seen.

And thy retina, spreading its lustre of pearl,
Like a far-away nebula, distantly gleams
For a vault of black cellular mirrors, that hurl,
From their hexagon angles, the silvery beams.

Oh! the flash of those orbs is enslaving me still,
As they roll 'neath thy palpebræ, dimly translucent,
Obeying, in silence, the magical will
Of the oculo-motor-pathetic-abducent.

Oh! sweet is thy voice as it sighingly swells,
From thy daintily quivering chordæ vocales,
Or rings in clear tones from the echoing cells
Of the antrum, the ethmoid, and sinus frontales,

And stately the heave of thy maidenly breast,
As the swell of the billow soft rolling to land,
And as soft the vesicular sigh in thy chest
As the sound of the ripple that ebbs o'er the sand.

But alas! 'tis with many forebodings I pen
Anatomical verses thy beauty to praise,
For I fear that my studies will never again
Bring the solace they gave in my happier days.

Thou hast stolen the charm from my studio dim,
From dissection I turn with embittering wrath,
Thou hast stepped between me and my skeleton grim,
Oh lady! fair lady! why crossed you my path?

The Algerian Famine.

One hundred thousand of the Arabs in Algeria have died of the famine or the cholera within six months. The bare announcement of this fact brings up a terrible picture of suffering, the details of which are brought to light by the accounts of two French missionaries now seeking relief for the sufferers.

Correspondence.

DOMESTIC.

Criminal Abortion.

EDITORS MEDICAL AND SURGICAL REPORTER:

If the experience of other members of the profession are anything like what mine has been lately in cases of the above description, the morals of society must indeed be in a deplorable condition. Scarcely a week passes in which I am not called upon to save the life of some female who has been in the hands of the professional abortionist, and is flooding to death from the effects of their operations.

Last week three such cases occurred in my practice,—not among the loose or depraved class of society—but married ladies, who move in the respectable circles. In one of those cases the woman had flooded to the last extremity; the fear of exposure prevented her sending for the Doctor, until those in attendance thinking her dying became alarmed, and I was sent for. I found her almost bloodless, with cold extremities; speechless, and to all appearance dying. She had been flooding more or less for days; however, by proper attention and careful nursing she rallied, and in a few days after made the following statement, partly in answer to my questions:

"My attention was drawn to the subject by reading advertisements in the *Sunday papers*. I did not want the trouble of children. I was three months gone. I went to Madam ———, No. ——— street. I found quite a number waiting for the same purpose; they did not seem

to make any secret about it. In turn I was taken in and operated on. It was done by piercing the womb. She charges fifteen dollars for the operation."

When we consider that it is only in extreme cases of this kind that we are called on, and the small proportion they must necessarily bear to the whole number, the magnitude of this species of murder must be truly appalling.

The peculiar relations existing between physician and patient, seal our lips in such instances, and no honorable physician will betray the confidence of those who place their reputations and their lives in his keeping, but a serious question arises, should we entirely close our eyes on such a shocking state of things, and can nothing be done to prevent such wholesale murder?

WM. C. TODD, M.D.

21st Ward, Philadelphia.

Lime Inhalation in Croup.

EDITORS MEDICAL AND SURGICAL REPORTER:

Learning the favorable results through the REPORTER of Dr. Wilson's treatment of pseudo-membranous croup by lime inhalation, I concluded to make a trial of this therapia the first opportunity given. On the 18th of last month, I was called to see a little girl four years old, suffering for thirty-six hours, from fully developed membranous croup.

The ringing cough and stridulous breathing, (two pathognomonic symptoms of croup,) had existed twenty-four hours before my first visit. Free and frequent emesis had taken place from the administration of ipecac., but gave no relief.

The condition of the child was truly alarming when the lime inhalations were commenced. Pulse frequent and feeble; respirations hurried, and dyspnoea intense; voice whispering, and disinclination to speak; deglutition quickly performed, and much eagerness to drink. We at once made a room for our purpose, by placing chairs into a circle and covering them with quilts, under which we placed the mother, with the child in her arms.

Lime—unslaked—was put into a pitcher, and it placed at the side of the mother, when free vaporation was kept up for twenty minutes, and, to our great satisfaction, the patient was relieved—yes, I may say cured, for she continued to improve rapidly, and in a few days was well. Other means were used, but the vapor of lime, I believe, saved the patient.

J. K. HOLLOWAY, M.D.

Nittany Hall, April 6th, 1868.

The Blue Baby.

EDITORS MED. AND SURG. REPORTER:

In answer to the letter of Dr. W. B. TACKETT, in regard to the case he calls the blue baby, I would state for his information, that the child evidently was afflicted with the disease called cyanosis. This disease is caused by the pathological condition of the heart, that is, the non-closure of the foramen ovale. The symptoms enumerated by the Doctor correspond precisely with those of cyanosis; the skin being blue, especially at the lips, ends of fingers and toes; which is caused by the admixture of the venous with the arterial blood. This color is augmented under any excitement, as blushing, laughing or crying. These cases are not very frequent, but still occur; children mostly die when they are young, seldom reaching the age of puberty; but there are cases on record that have passed that age. To my own knowledge, I saw one case, at the age of nineteen years, a young man at the U. S. General Hospital, Cleveland, Ohio, who was afflicted with cyanosis.

J. C. SCHENCK, M. D.

Cleveland, Ohio.

Fatal Case of Intestinal Obstruction.

EDITORS MED. AND SURG. REPORTER:

In one of your October numbers for 1867, a case was published of death from ulceration of the appendicula vermiformis, in the daughter of Mr. S., caused by chalklet concretions.

On April 29th, 1868, I was called again, "in the same family," to see Charles, æt. ten years. I found him with *extreme* pain in the right side of lower bowels. "Symptomatic peritonitis." Pulse 140; tongue nearly natural, "with a little white coating." Gave cathartics to unload the bowels, and relieve the portal circulation, but without success. By repeated *enemas*, two actions from the lower bowels were procured, and I left with some hope that the action would continue. Was informed during the night, (April 30, 2 o'clock A. M.,) that nothing more had passed. At this time, I visited again, and continued efforts during all the day to procure an action on the bowels, subdue inflammation, and to palliate symptoms. But every effort to procure a passage from the stomach was abortive. Intense pain, extreme thirst, rapid pulse, sickness of stomach, "with occasional vomiting of ingesta;" and great emaciation, with all the symptoms of gangrene continued until three o'clock in the morning, "May the 1st," when death came to his relief. Being fifty hours from the beginning of inflammatory action, and forty-two from my first

visit. It is very remarkable that two cases, "both similar in character and results," should occur in the same family, in the space of seven months. These patients exhibited a strange peculiar expression of the eye for some three weeks before they made complaint, or before inflammatory action set in, which was observed by the parents, but my attention was not called to it until after the death of the last patient. Whether the last case was one of ulceration, or intussusception, is not known, as there was no post-mortem as in the first case.

There were no alvine concretions, for there was nothing eaten to produce them. The parents are healthy and of temperate habits. I give this case with the results to the medical fraternity, with the hope that among the many able and voluminous contributors to your columns, they may throw some pathological and therapeutical light upon it.

J. M. McWHORTER.

Hacker's Creek, Lewis County, W. Va.

Stricture of Cystic Duct.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

William Curnduff, aged 44, blacksmith by trade, unmarried, perfectly temperate in all his habits. Six years ago, he fell on a sleigh stake, striking on the epigastric region, hurting him severely at the time. Since then has had more or less pain in that region. Three years ago became sallow and pale, although well, and able to pursue his usual business. In January last taken with *acute pleurisy*, from which he recovered slowly. April 20th, complained of colic pains in the stomach, which yielded with the usual treatment. On the 22d, the pain became more severe, passing off in a paroxysm. On the 23d, the pain continued all day. It became lancinating in the afternoon, and very severe, and rebellious to all treatment; subsiding at 8, P. M. Fell into a quiet slumber until 6, A. M., of the 24th, when respiration became difficult, the pulse ran up to 160, the body assumed a spasmodic condition, pupils dilated, the respiration became harsh and gasping, the pulse lost at the wrist, with alternate contractions and relaxations, until 8, A. M., when he breathed his last.

Post Mortem—twenty hours after death. Drs. DOFENDORF and SON, PRESTON, SCHOON, YOUNGS, and ROBB present. Cadaver full and muscular, slight discoloration over abdomen, limbs, and neck; lungs normal; right lung adhered to walls with slight bands; heart atrophied; stomach normal; liver healthy; gall bladder distended, measuring about six inches in length, and one inch and three-quarters in diameter, to the sense

of touch hard and smooth; the contents were dark-green in color, and seemed thicker than natural; two small concretions were found near the neck. The cystic duct was strictured near the neck by a hard, gristle-like band which surrounded it. The small intestines jaundiced; kidneys normal. All the other organs were healthy.

What was the immediate cause of death? And what relation did the former injury sustain to the stricture of the duct? Will some one enlighten us on these obscure points.

T. DAVIDSON CROTHERS, M. D.

West Galway, N. Y.

News and Miscellany.

Bread-making.

The following on the important subject of bread-making, we clip from the correspondence of the *London Lancet*.

Whole Meal Bread.

SIR,—Allow me to add to your article on bread, in last week's *Lancet*, my experience of the use of bran in making it.

I boil the bran first for an hour and a half or two hours. I have used it thus prepared. I have used the bran-tea without the bran. I have tried both ways, with brewer's yeast and with home-made baking-powder, (a teaspoonful to a pound of flower,) with complete success, making most delicious and wholesome bread. I use seconds flour; and for baking-powder, I mix the bran, well strained, with the flour, powder and salt, before adding the bran-tea, all quite cold.

To make baking-powder:—Carbonate of soda, 6 parts; tartaric acid, 4 parts; fine sugar, 2 parts; salt, 1 part.

A DOCTOR'S WIFE.

March 2d, 1868.

Home-made Bread.

SIR,—In your impression of the 4th instant, "*Paterfamilias*" makes inquiry for the best method of making bread without yeast, and the proportion of ingredients used in the process. I submit the following, which gives satisfaction to many: Take of flour, three pounds; Howard's bicarbonate of soda, nine drachms; hydrochloric acid, (sp. gr. 1.16), eleven drachms and a half; water, about twenty-five fluid ounces. Mix the soda with the flour, and add the acid to the water.

Brown Bread. Wheat-meal, three pounds; Howard's bicarbonate of soda, ten drachms; hydrochloric acid, (sp. gr. 1.16), twelve drachms and a half; water, twenty-eight fluid ounces. Mix as above.

It may be remarked that the acid and soda form common salt in sufficient quantity for the bread.

ARAN MATH.

Beauly, N. B., April 9th, 1868.

Nux Vomica in Chronic Dysentery.

In a recent number of the *Bulletin Generale de Therapeutique*, is an article by Dr. DE SAVIGNAC, upon the use of nux vomica in dysentery and dysenteric paralysis. His theory is, that the cause of the disease lies in an affection of the spinal cord, which causes paralysis of the motor nerves of the large intestines, and of the vaso-motor nerves which supply its bloodvessels. If this be correct, nux vomica would appear to meet the indication precisely. Dr. SAVIGNAC, who has had large opportunities for observation in the marine hospitals of Toulon, claims excellent results.—*N. Y. Med. Gazette.*

— Dr. J. C. DENISE, formerly Surgeon of the Ohio State Soldiers' Home, has been appointed Health Officer at Omaha.

— A new and improved operating theatre has been erected during the past year by the Trustees of the Massachusetts General Hospital, calculated to accommodate nearly four hundred persons, at an expense of fifty thousand dollars.

— At a recent trial in the United States Court in the city of Chicago, Judge DRUMMOND sustained a physician in refusing to testify as an expert, without having first received honorary fees therefor.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy from May 18th, to 30th inclusive.

Assistant Surgeon W. Z. Terry, resigned.

Passed Assistant Surgeon D. McMurtrie, ordered to duty on board U. S. Iron clads, New Orleans, La.

Surgeon George Maulsby, detached from duty at Naval Asylum, Philadelphia.

Surgeon Wm. S. Bishop, ordered to temporary duty at Naval Asylum, Philadelphia.

Surgeon H. C. Nelson, ordered to U. S. S. Savannah.

Passed Assistant Surgeon, S. F. Shaw, detached from duty at Naval Station, League Island, Pa., and ordered to U. S. S. Macedonian.

Passed Assistant Surgeon T. N. Penrose, ordered to duty at Naval Station, League Island, Pa.

Acting Assistant Surgeon C. W. Knight, honorably discharged.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

BRAGHLER—PRYSE—May 20th, at the pastor's residence, 61 Cutter street, Cincinnati, by Rev. H. Powell, A. C. Braghlér, M. D., of Mendon, Mercer co., Ohio, and Miss Leah Pryse, of this city.

BLISS—VAIL.—At Seara, Ohio, April 15th, Dr. D. P. Bliss and Miss Vina Vail.

DIED.

ARTHUR.—At Frankford, Pa., on the 27th ult., Dr. E. Arthur.

AUSTIN.—At Camp Concordia, Rio Grande, Texas, on May 9, William M. Austin, Brevet Captain and Assistant Surgeon, U. S. A., in the 24th year of his age.

FELL.—At his residence, near Brandywine Springs, Del., May 30, Jonathan Fell, M. D.

FOWLER.—In New York, of dysentery, on Thursday, May 28th, Augusta Smith, wife of E. P. Fowler, M. D., and youngest daughter of the late Nicholas H. Smith.

GRAY.—In New York, May 26, Elizabeth Williams Hull, wife of Dr. John F. Gray, M. D.

HART.—In New York, May 25, 1868, Charles S. Hart, M. D.

OLCOTT.—In New York, May 27, of pleuro pneumonia, Dr. Edgar Olcott, of Jersey City, in the 62d year of his age.

WATSON.—At Bedford, Pa., on the 20th inst., of paralysis, William H. Watson, M. D., in the 57th year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. N. E. H., of O.—Cohen on Inhalation is as good a work on the topic as you can find.

Dr. E. S. H., of Miss.—Please send me the numbers of the MED. AND SURG. REPORTER containing the introductory address of Prof. Gross in the Jefferson Medical College? We have quite exhausted our editions of those numbers, and are unable to comply with your wishes.

Mr. C. S., of Mo.—Probably Gernier, Lamoureux & Co., or Fougere & Co., of New York, could get the biphenate of soda for you. It does not seem known to our druggists here.

Dr. W., of Pa.—1. We do not know of any monograph on "Marasmus." This is a vague term, not much used by later writers, and in the older works stands for phthisis as often a not. 2. A wired skeleton costs \$35.00; the bones of the head and face \$10.00 to \$15.00.

Dr. A. D. B., of Pa.—We are accustomed to exchange virus. We give it gratuitously and receive it in return.

Dr. S. H. K., of W. Va.—You will find the answer to your query in the advertising columns of the REPORTER.

Dr. H. C. N., of Iowa.—Elliott's Diseases of Women and Children we do not know. Hamilton on Fractures and Dislocations, \$5.75. Flint on the Chest, \$4.50. Cohen on Inhalation is a good book, \$2.00.

Dr. O., of Ohio.—The Pennsylvania Hospital Reports sell for \$5.00.

Dr. J. D. B., of Ct.—"What proportion of water should be added to sulphurous acid to fit it for external application in scabies?" About three or four parts.

METEOROLOGY.

May,	18,	19,	20,	21,	22,	23,	24,
Wind.....	S. E.	N. E.	N. E.	N. W.	N. W.	N. E.	N.
Weather.....	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.
Depth Rain.		1-10		5-10		8-10	
Thermometer.							
Minimum.....	51°	42°	44°	42°	47°	48°	46°
At 8, A. M.....	58	54	53	55	65	65	57
At 12, M.....	65	58	55	62	71	62	64
At 3, P. M.....	65	58	56	63	73	62	66
Mean.....	59.75	53.	52.	55.50	64.	59.25	58.25
Barometer.							
At 12, M.....	29.9	30.1	30.1	29.9	30.	29.9	29.9
Germantown, Pa.				B. J. LREEDOM.			